

FILED

B10 (Official Form 10) (04/13) (Modified)

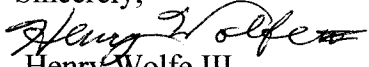
UNITED STATES BANKRUPTCY COURT EASTERN DISTRICT of MICHIGAN		CHAPTER 9 2014 FEB 23 AM 10:35 PROOF OF CLAIM
Name of Debtor: <u>City of Detroit, Michigan</u>		Case Number: <u>13-53846</u>
NOTE: Do not use this form to make a claim for an administrative expense that arises after the bankruptcy filing.		
Name of Creditor (the person or other entity to whom the debtor owes money or property): <u>City of Detroit</u>		U.S. BANKRUPTCY COURT E.D. MICHIGAN - DETROIT COURT USE ONLY <input type="checkbox"/> Check this box if this claim amends a previously filed claim. Court Claim Number: _____ (If known) Filed on: _____ <input checked="" type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement given to you.
Name and address where notices should be sent: <u>Marcus R. Holmes PHR HR Manager I</u> <u>City of Detroit - Human Resources Dept.</u> <u>2 Woodward Ave Suite 308</u> <u>Detroit, MI 48226</u> Telephone number: <u>313-224-1519</u> email: <u>Holmesm@detroitmi.gov</u>		
Name and address where payment should be sent (if different from above): <u>Henry Wolfe #</u> <u>18507 Ohio</u> <u>Detroit, MI 48221</u> Telephone number: <u>313-377-0792</u> email: <u>hwolfe8040@comcast.net</u>		RECEIVED FEB 24 2014
1. Amount of Claim as of Date Case Filed: <u>\$ 36,607.50</u>		
If all or part of the claim is secured, complete item 4. If all or part of the claim is entitled to priority, complete item 5. <input type="checkbox"/> Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges.		
2. Basis for Claim: <u>PAYMENT OF OUT OF CLASS FOR WORKING AS SUPERVISOR</u> (See instruction #2)		
3. Last four digits of any number by which creditor identifies debtor: <u>6336 or 9368</u>		3a. Debtor may have scheduled account as: (See instruction #3a)
4. Secured Claim (See instruction #4) Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information.		
Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input checked="" type="checkbox"/> Other Describe: _____		Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any: \$ _____
Value of Property: \$ _____		Basis for perfection: _____
Annual Interest Rate (when case was filed) _____ % <input type="checkbox"/> Fixed or <input type="checkbox"/> Variable		Amount of Secured Claim: \$ _____
		Amount Unsecured: \$ _____
5. Amount of Claim Entitled to Priority as an Administrative Expense under 11 U.S.C. §§ 503(b)(9) and 507(a)(2). \$ _____		
5b. Amount of Claim Otherwise Entitled to Priority. Specify Applicable Section of 11 U.S.C. § _____ \$ _____		
6. Credits. The amount of all payments on this claim has been credited for the purpose of making this proof of claim. (See instruction #6)		
7. Documents: Attached are redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, security agreements, or, in the case of a claim based on an open-end or revolving consumer credit agreement, a statement providing the information required by FRBP 3001(c)(3)(A). If the claim is secured, box 4 has been completed, and redacted copies of documents providing evidence of perfection of a security interest are attached. (See instruction #7, and the definition of "redacted".) DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING. If the documents are not available, please explain: _____		
8. Signature: (See instruction #8) Check the appropriate box.		
<input checked="" type="checkbox"/> I am the creditor. <input type="checkbox"/> I am the creditor's authorized agent. <input type="checkbox"/> I am the trustee, or the debtor, or their authorized agent. <input type="checkbox"/> I am a guarantor, surety, indorser, or other codebtor. (See Bankruptcy Rule 3005.)		
I declare under penalty of perjury that the information provided in this claim is true and correct to the best of my knowledge, information, and reasonable belief.		
Print Name: <u>Henry Wolfe III</u>		
Title: <u>Rec. Instructor (Retired)</u>		
Company: <u>City of Detroit</u>		
Address and telephone number (if different from notice address above): <u>18507 Ohio</u> <u>Detroit, MI 48221</u> Telephone number: <u>313-377-1404</u> email: <u>hwolfe8040@comcast.net</u>		
Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.		

February 19th 2014

To Whom it may concern,

The following claim of non-payment of Out of class pay, has also been filed by AFSCME Local 836.

Sincerely,



-Henry Wolfe III

Recreation Instructor / Retired

From: "LaQuita Evans" <EvansLa@detroitmi.gov>
Date: November 8, 2012, 4:45:11 PM EST
To: "Alicia Minter" <MinterA@detroitmi.gov>
Cc: "Marcus Holmes" <HolmesM@detroitmi.gov>
Subject: Re: OOC Payments

Good afternoon Alicia,

I followed up on your concern regarding the OOC Payments for Recreation. According to payroll, Robert Auston, Lisa Cunningham, Karla Williamson, Albert Williams were all paid lump sums on their 06/29/12 checks for OOC. This lump sum should have covered for the time worked out-of-class for the fiscal year 2011. We are currently working on the other employees who were not compensated for OOC for either one or both fiscal years, and it is our plan to have them sent to payroll for processing by close of business Wednesday.

Thanks.

LaQuita D. Evans
City of Detroit - Human Resources
Coleman A. Young Municipal Ctr
Two Woodward Avenue
Detroit, MI 48226
Office: 313-224-6927
Fax: 313-224-7325
Email: evansla@detroitmi.gov

Dave Bing, Mayor

>>> Marcus Holmes 11/8/2012 11:57 AM >>>
Hello Alicia,

Out-of-class approvals, as you may recall, start with our unit.

I will have LaQuita look these up, and provide you with a response by close of business tomorrow.

Marcus R Holmes PHR, HR Manager I
City of Detroit - Human Resources Department
Two Woodward Avenue, Suite 308
Detroit, MI 48226
Office: (313) 224-1519
Fax: (313) 224-7325
Email: Holmesm@detroitmi.gov

Dave Bing, Mayor

>>> Alicia Minter 11/8/12 11:43 AM >>>

Hi, Kathy

I have several employees who should be on pre-approved OOC; have been working for 6 months or more in assignment and indicated they have not been compensated:

Robert Auston, Recreation Instructor to Recreation Center Supv. Gr. I-October 2011-current

Karla Williamson, R.C.S. II to District Supervisor - 2/22/12-9/28/ 2012

Al Williams, Rec. Instructor to R.C.S. I - 2/28/12-current

Lisa Cunningham Rec. Instructor to R.C.S. I - 2/22/12-9/28/12

Michael West Rec. Instructor to R.C.S. I - 3/7/12-9/28/12

Henry Wolfe, Rec. Instructor to R.C.S. I - 3/5/12-current

Kent Gresham, Rec Instructor to R.C.S. I-4/1/12-current

Forms have been submitted monthly for payment. Would you please review and determine when payment can be expected and what would need to be done to have paid on bi-weekly payroll.

Please give me a call if you have any questions.

Thank you

Alicia C. Minter, General Manager
Detroit Recreation Department
Executive Office
18100 Meyers Rd
Detroit, MI 48235

mintera@detroitmi.gov

Dave Bing, Mayor

**CITY OF DETROIT
RECREATION DEPARTMENT**

Out-of-Class Request Form

Employee Henry Wolfe III SS# 363-82-9368 Payroll Unit 4200
 District Southeast Supervisor Eric Kelly

Present Title Rec Instructor
 Proposed Title Rec Center Supervisor

Personnel Office Use Only

Dates worked Out-of-Class: Month May Year 2013

01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	KOT	HRS
8	8	8	8			8	8	8	8	8				8S	8S	01	
17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Tot	64	
8S	8S			8F	8F	8F	8V	8V			8	8	8	8	104	66	
															8V	67	
															8F	68	
															20S	TOT	

Employee Replaced Mike West 1st day of replaced Employee's Absence Oct 1st 2012

Reason for absence: ☒ Sick ☐ Vacation ☒ Other(explain) Transfer

DUTIES PERFORMED (Specify Location) Lipke Rec. Center, Supervision, Workbrain, program preparation, center deposits, accounting

Equipment Operated (Teamsters Only) _____

Employee's Signature Henry Wolfe III Date 6/3/13

Supervisor's Signature _____ Date _____

The Supervisor's signature ONLY acknowledges receipt of this form. The District Supervisor and the Division Head will review it and, if approval is recommended, forward it to the Personnel Office.

RECOMMENDATION FOR APPROVAL OR DISAPPROVAL

District Supervisor: ☐ Yes ☐ No _____
 Signature and Date

Division Head: ☐ Yes ☐ No _____
 (Representative) Signature and Date

Personnel Officer: ☐ Yes ☐ No _____
 Signature and Date

The Personnel Officer endorsement ONLY acknowledges that the request for Out-of-Class meets the initial requirements of Department operations based upon its budgeted positions. HOWEVER, IT DOES NOT GUARANTEE PAYMENT FOR OUT-OF-CLASS WORK. The authority for the approval and payment of Out-of-Class compensation resides with the Detroit Personnel Department. The Personnel Department may require that a written, and/or other, test be given prior to authorizing Out-of-Class compensation.

**CITY OF DETROIT
RECREATION DEPARTMENT**

Out-of-Class Request Form

Employee Henry Wolfe III SS# 363-81-9368 Payroll Unit 4200
 District Southeast Supervisor Erick Kelly

Present Title Rec Instructor
 Proposed Title Rec Center Supervisor

Personnel Office Use Only

Dates worked Out-of-Class: Month April Year 2013

01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16
	8	8	8	8	8				8	8	8	8			8
17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Tot
8	8	8	8				8	8	8	8			8	8	160

KOT HRS
 01 _____
 64 _____
 66 _____
 67 _____
 68 _____
 TOT _____

Employee Replaced Mike West 1st day of replaced Employee's Absence Oct 1st 2012

Reason for absence: ☒ Sick ☐ Vacation ☒ Other(explain) Transfer

DUTIES PERFORMED (Specify Location) Lipke Rec Center, Supervision,
workbrain, program preparation, center deposits, accounting

Equipment Operated (Teamsters Only) _____

Employee's Signature Henry Wolfe III Date 6-3-13

Supervisor's Signature _____ Date _____

The Supervisor's signature ONLY acknowledges receipt of this form. The District Supervisor and the Division Head will review it and, if approval is recommended, forward it to the Personnel Office.

RECOMMENDATION FOR APPROVAL OR DISAPPROVAL

District Supervisor: ☐ Yes ☐ No

Signature and Date

Division Head: ☐ Yes ☐ No

Signature and Date

Personnel Officer: ☐ Yes ☐ No

Signature and Date

The Personnel Officer endorsement ONLY acknowledges that the request for Out-of-Class meets the initial requirements of Department operations based upon its budgeted positions. **HOWEVER, IT DOES NOT GUARANTEE PAYMENT FOR OUT-OF-CLASS WORK.** The authority for the approval and payment of Out-of-Class compensation resides with the Detroit Personnel Department. The Personnel Department may require that a written, and/or other, test be given prior to authorizing Out-of-Class compensation.

**CITY OF DETROIT
RECREATION DEPARTMENT**

Out-of-Class Request Form

Employee Henry Wolfe SS# 363 82-9368 Payroll Unit 42
District Southeast Supervisor Eric Kelly

Personnel Office Use Only

Present Title <u>Rec. Instructor</u>				
Proposed Title <u>Rec. Center Supervisor</u>				

Class Code _____ Rate _____ B.U. _____ Position No. _____

Dates worked Out-of-Class: Month November Year 2012

01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16
8	8	8			8	8	8	8	8			8	8	8	8
17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Tot
8		8	8	8					8	8	8				152

KOT
01
64
66
67
68
TOT

Employee Replaced Suzanne Capraro/Mike West 1st day of replaced Employee's Absence 3/1/12

Reason for absence: ☒ Sick ☐ Vacation ☒ Other(explain) Retirement

DUTIES PERFORMED (Specify Location) Supervision, cash deposits, che deposits, scheduling, meeting attendance, Workbrain, paperw

Equipment Operated (Teamsters Only) _____

Employee's Signature Henry Wolfe Date 12/18/1

Supervisor's Signature _____ Date _____

The Supervisor's signature **ONLY** acknowledges receipt of this form. The District Supervisor and th Division Head will review it and, if approval is recommended, forward it to the Personnel Office.

RECOMMENDATION FOR APPROVAL OR DISAPPROVAL

District Supervisor: ☐ Yes ☐ No _____
Signature and Date

Division Head: ☐ Yes ☐ No _____
(or Representative) Signature and Date

Personnel Officer: ☐ Yes ☐ No _____
Signature and Date

The Personnel Officer endorsement **ONLY** acknowledges that the request for Out-of-Class meets the init

**CITY OF DETROIT
RECREATION DEPARTMENT**

Out-of-Class Request Form

Employee Henry Wolfe III SS# 363-82-9368 Payroll Unit 4200
District Southwest Supervisor Eric Kelly

Present Title Rec Instructor
Proposed Title Rec Center Supervisor

Personnel Office Use Only

Class Code Rate B.U. Position No.

Dates worked Out-of-Class: Month October Year 2012

01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16
			8	8	8			8	8	8	8	8			8
17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Tot
8	8	8	8				8	8	8	8			8	8	152

KOT HRS
01 _____
64 _____
66 _____
67 _____
68 _____
TOT _____

Employee Replaced Suzanne Caprahe/Mike West 1st day of replaced Employee's Absence 3/1/2012

Reason for absence: ☒ Sick ☐ Vacation ☒ Other(explain) Retirement

DUTIES PERFORMED (Specify Location) Lipke Rec Center, Workbrain, scheduling, cleaning, attendance, Incident reports, meetings

Equipment Operated (Teamsters Only) _____

Employee's Signature Henry Wolfe III Date 11/20/12

Supervisor's Signature _____ Date _____

The Supervisor's signature ONLY acknowledges receipt of this form. The District Supervisor and the Division Head will review it and, if approval is recommended, forward it to the Personnel Office.

RECOMMENDATION FOR APPROVAL OR DISAPPROVAL

District Supervisor: ☐ Yes ☐ No

Signature and Date

Division Head: ☐ Yes ☐ No
(Representative)

Signature and Date

Personnel Officer: ☐ Yes ☐ No

Signature and Date

The Personnel Officer endorsement ONLY acknowledges that the request for Out-of-Class meets the initial requirements of Department operations based upon its budgeted positions. **HOWEVER, IT DOES NOT GUARANTEE PAYMENT FOR OUT-OF-CLASS WORK.** The authority for the approval and payment of Out-of-Class compensation resides with the Detroit Personnel Department. The Personnel Department may require that a written, and/or other, test be given prior to authorizing Out-of-Class compensation.

**CITY OF DETROIT
RECREATION DEPARTMENT**

Out-of-Class Request Form

Employee Henry Wolfe III SS# 363-86-9368 Payroll Unit 4200
District Southeast Supervisor Karla Williamson

Present Title Rec Instructor
Proposed Title Rec Center Supervisor

Personnel Office Use Only

Class Code Rate B.U. Position No.

Dates worked Out-of-Class: Month September Year 2012

01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16
			8	8	8	8			8	8	8	8	8		
17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Tot
8	8	8	8	8			8	8	8	8	8				152

KOT HRS
01
64
66
67
68
TOT

Employee Replaced Suzanne Caprath 1st day of replaced Employee's Absence March 1st 2012

Reason for absence: ☒ Sick ☐ Vacation ☒ Other(explain) Retirement

DUTIES PERFORMED (Specify Location) Workbrain, scheduling, planning, organizing, making deposits, disciplining employees

Equipment Operated (Teamsters Only) _____

Employee's Signature Henry Wolfe III Date 10-10-12

Supervisor's Signature _____ Date _____

The Supervisor's signature ONLY acknowledges receipt of this form. The District Supervisor and the Division Head will review it and, if approval is recommended, forward it to the Personnel Office.

RECOMMENDATION FOR APPROVAL OR DISAPPROVAL

District Supervisor: ☐ Yes ☐ No _____
Signature and Date

Division Head: ☐ Yes ☐ No _____
(or Representative) Signature and Date

Personnel Officer: ☐ Yes ☐ No _____
Signature and Date

The Personnel Officer endorsement ONLY acknowledges that the request for Out-of-Class meets the initial requirements of Department operations based upon its budgeted positions. **HOWEVER, IT DOES NOT GUARANTEE PAYMENT FOR OUT-OF-CLASS WORK.** The authority for the approval and payment of Out-of-Class compensation resides with the Detroit Personnel Department. The Personnel Department may require that a written, and/or other, test be given prior to authorizing Out-of-Class compensation.

RECREATION DEPARTMENT Out-of-Class Request Form

Employee Henry Wolfert SS# 363-82-9368 Payroll Unit 426
 District Southeast Supervisor Karla Williamson

Present Title Recreation Instructor
 Proposed Title Rec Center Supervisor

Personnel Office Use Only

Dates worked Out-of-Class:

Class Code

Rate

R.U.

Position No.

Month August

Year 2012

01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16
8	8	8			8	8	8	8	8			8	8	8	8
17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Tot
8			8	8	8	8	8			8	8	8	8	8	176

KOT HI

01

64

66

67

68

TOT

Employee Replaced Sue Capra

1st day of replaced

Employee's Absence 3-1-201

Reason for absence: ☒ Sick ☐ Vacation ☒ Other(explain)

Retirement

DUTIES PERFORMED (Specify Location) Workbrain, center deposits, staff assignments, meeting attendance, program preparation, supervision

Equipment Operated (Teamsters Only)

Employee's Signature Henry Wolfert

Date 9-5-12

Supervisor's Signature

Date

The Supervisor's signature ONLY acknowledges receipt of this form. The District Supervisor and the Division Head will review it and, if approval is recommended, forward it to the Personnel Office.

RECOMMENDATION FOR APPROVAL OR DISAPPROVAL

District Supervisor:

☐ Yes ☐ No

Signature and Date

Division Head:
(representative)

☐ Yes ☐ No

Signature and Date

Personnel Officer:

☐ Yes ☐ No

Signature and Date

Personnel Officer endorsement ONLY acknowledges that the request for Out-of-Class meets the initial requirements of Department operations based upon its budgeted positions. HOWEVER, IT DOES NOT GUARANTEE PAYMENT FOR OUT-OF-CLASS WORK. The authority for the approval and payment of Out-of-Class compensation resides with the Detroit Personnel Department. The Personnel Department requires that a written, and/or other, test be given prior to authorizing Out-of-Class work.

RECREATION DEPARTMENT Out-of-Class Request Form

Employee Henry Wolfe SS# 363-82-9368 Payroll Unit 420
 District Southeast Supervisor Karla Williamson

Present Title Rec. Instructor
 Proposed Title RCS II

Dates worked Out-of-Class: Month July Year 2012

Class Code																Rate	R.U.	Position No.
01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16			
8			8	8	8	8				8	8	8	8	8				
17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Tot			
	8	8		8				8	8	8	8	8			144			

KOT 1
01
64
66
67
68
TOT

Employee Replaced Suzanne Caprahe 1st day of replaced Employee's Absence March 15 20
 Reason for absence: ☒ Sick ☐ Vacation ☒ Other(explain) Retired

DUTIES PERFORMED (Specify Location) Supervision of employees, making schedules, doing workbrain, creating x-4's, handling numerous tasks.

Equipment Operated (Teamsters Only) _____
 Employee's Signature Henry Wolfe Date 7/9/12
 Supervisor's Signature _____ Date _____

The Supervisor's signature ONLY acknowledges receipt of this form. The District Supervisor and the Division Head will review it and, if approval is recommended, forward it to the Personnel Office.

RECOMMENDATION FOR APPROVAL OR DISAPPROVAL

District Supervisor: ☐ Yes ☐ No _____
 Signature and Date _____
 Division Head: ☐ Yes ☐ No _____
 Signature and Date _____
 Personnel Officer: ☐ Yes ☐ No _____
 Signature and Date _____

The Personnel Officer endorsement ONLY acknowledges that the request for Out-of-Class meets the initial requirements of Department operations based upon its budgeted positions. HOWEVER, IT DOES NOT GUARANTEE PAYMENT FOR OUT-OF-CLASS WORK. The authority for the approval and payment of Out-of-Class compensation resides with the Detroit Personnel Department. The Personnel Department may require that a written, and/or other, test be given prior to authorizing Out-of-Class compensation.

RECREATION DEPARTMENT Out-of-Class Request Form

Employee Henry Wolfe III SS# 363-82-9368 Payroll Unit 42
 District Southeast Supervisor Karla Williamson

Present Title Rec Instructor
 Proposed Title Rec II

Personnel Office Use Only

Dates worked Out-of-Class:																Class Code	Rate	B.U.	Position No.
Month <u>May</u> Year <u>2017</u>																			
01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16				
8	8	8	8			8	8	8	8				8	8	8				
17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Tot				
8	8				8	8	8	8			8	8	8	8	168				

KOT HI
 01
 64
 66
 67
 68
 TOT

Employee Replaced Suzanne Caprahe 1st day of replaced Employee's Absence March 1st 201
 Reason for absence: ☒ Sick ☐ Vacation ☒ Other(explain) Retirement
 DUTIES PERFORMED (Specify Location) PATTON REC CENTER, WORKBRAIN
PAYROLL, ISSUING ASSIGNMENT, MAKING SCHEDULE, ORGANIZING, MTG. ATTEND

Equipment Operated (Teamsters Only) _____
 Employee's Signature Henry Wolfe Date 6/5/12
 Supervisor's Signature _____ Date _____

The Supervisor's signature ONLY acknowledges receipt of this form. The District Supervisor and the Division Head will review it and, if approval is recommended, forward it to the Personnel Office.

RECOMMENDATION FOR APPROVAL OR DISAPPROVAL
 District Supervisor: ☐ Yes ☐ No _____
 Division Head: ☐ Yes ☐ No _____
 Personnel Officer: ☐ Yes ☐ No _____
 Personnel Officer endorsement ONLY acknowledges that the request for Out-of-Class meets the initial requirements of Department operations based upon its budgeted positions. HOWEVER, IT DOES NOT GUARANTEE PAYMENT FOR OUT-OF-CLASS WORK. The authority for the approval and payment of Out-of-Class compensation resides with the Detroit Personnel Department. The Personnel Department may require that a written, and/or other, test be given prior to authorizing Out-of-Class work.

RECREATION DEPARTMENT Out-of-Class Request Form

Employee Henry Wolfen SS# 363-82-9348 Payroll Unit 22
District Southeast Supervisor Mrs. Karla Williams

Present Title Rec Instructor
Proposed Title Rec II (O.O.C.)

Personnel Office Use Only

Dates worked Out-of-Class:

Month April Year 2012

01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	
	8	8	8	8				8	8	8	8					
17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Tot	
8	8	8	8			8	8	8	8		6		8		150	

KOT HI
01
04
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07
08
TOT

Employee Replaced Mrs. Suzanne Caprath 1st day of replaced Employee's Absence 3/4/2012

Reason for absence: ☒ Sick ☐ Vacation ☒ Other(explain) Retirement

DUTIES PERFORMED (Specify Location) Workbrain, attendance reports, creating center schedules and programming, issuing discipline

Equipment Operated (Teamsters Only)

Employee's Signature Henry Wolfen Date 5/3/12

Supervisor's Signature _____ Date _____

The Supervisor's signature ONLY acknowledges receipt of this form. The District Supervisor and the Division Head will review it and, if approval is recommended, forward it to the Personnel Office.

RECOMMENDATION FOR APPROVAL OR DISAPPROVAL

District Supervisor: ☐ Yes ☐ No _____

Division Head: ☐ Yes ☐ No _____

Personnel Officer: ☐ Yes ☐ No _____

Personnel Officer endorsement ONLY acknowledges that the request for Out-of-Class meets the initial requirements of Department operations based upon its budgeted positions. HOWEVER, IT DOES NOT

GUARANTEE PAYMENT FOR OUT-OF-CLASS WORK. The authority for the approval and payment of Out-of-Class compensation resides with the Detroit Personnel Department. The Personnel Department requires that a written, and/or other, test be given prior to authorizing Out-of-Class work.

RECREATION DEPARTMENT Out-of-Class Request Form

Employee Henry Wolfert SS# 363-82-9368 Payroll Unit 220
District Southwest Supervisor Mrs. Kerla Williams

Present Title Recreation Instructor
Proposed Title Rec Center Supervisor II

Personnel Office Use Only

Dates worked Out-of-Class:

Class Code

Rate

B.U.

Position No.

Month March

Year 2012

01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16
8	8			8	8	8	8	8				8	8	8	8
17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Tot
		8	8	8	8	8			8	8	8	8			160

KOT HD

01

04

06

07

08

TOT

Employee Replaced Suzanne Ceprotte

1st day of replaced

Employee's Absence

March 7th

Reason for absence: ☒ Sick ☐ Vacation ☒ Other(explain)

DUTIES PERFORMED (Specify Location) Patton Program preparation, planning schedules, conducting activities, supervising employees, work

Equipment Operated (Teamsters Only)

Employee's Signature Henry Wolfert

Date 4/17/12

Supervisor's Signature

Date

The Supervisor's signature ONLY acknowledges receipt of this form. The District Supervisor and the Division Head will review it and, if approval is recommended, forward it to the Personnel Office.

RECOMMENDATION FOR APPROVAL OR DISAPPROVAL

District Supervisor:

☐ Yes ☐ No

Signature and Date

Division Head:
(Representative)

☐ Yes ☐ No

Signature and Date

Personnel Officer:

☐ Yes ☐ No

Signature and Date

Personnel Officer endorsement ONLY acknowledges that the request for Out-of-Class meets the initial requirements of Department operations based upon its budgeted positions. HOWEVER, IT DOES NOT GUARANTEE PAYMENT FOR OUT-OF-CLASS WORK. The authority for the approval and payment of Out-of-Class compensation resides with the Detroit Personnel Department. The Personnel Department may require that a written, and/or other, test be given prior to authorizing Out-of-Class.

RECREATION DEPARTMENT

Out-of-Class Request Form

Employee Henry Woffen SS# 363-82-9368 Payroll Unit 2270
 District Southwest Supervisor Suzanne Caprath

Present Title Rec. Instructor
 Proposed Title P.C.S. II

Personnel Office Use Only

Class Code _____ Rate _____ R.U. _____ Position No. _____

Dates worked Out-of-Class:

Month February Year 2011

01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16
							8	8	8	8					
17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Tot
															32

KOT HI
 01 ---
 04 ---
 06 ---
 07 ---
 08 ---
 TOT ---

Employee Replaced Suzanne Caprath 1st day of replaced Employee's Absence 2/8/11

Reason for absence: ☒ Sick ☐ Vacation ☒ Other(explain) MAHPRED WORK CONFERENCE

DUTIES PERFORMED (Specify Location) Opening and Closing building at Patton Rec. Center, Overseeing employees filling out incident reports
clock pick up

Equipment Operated (Teamsters Only) _____

Employee's Signature Henry Woffen Date 3/25/11

Supervisor's Signature _____ Date _____

The Supervisor's signature ONLY acknowledges receipt of this form. The District Supervisor and the Division Head will review it and, if approval is recommended, forward it to the Personnel Office.

RECOMMENDATION FOR APPROVAL OR DISAPPROVAL

District Supervisor: ☐ Yes ☐ No _____
 Signature and Date _____
 Division Head: ☐ Yes ☐ No _____
 or Representative) _____
 Signature and Date _____
 Personnel Officer: ☐ Yes ☐ No _____
 Signature and Date _____

The Personnel Officer endorsement ONLY acknowledges that the request for Out-of-Class meets the initial requirements of Department operations based upon its budgeted positions. HOWEVER, IT DOES NOT GUARANTEE PAYMENT FOR OUT-OF-CLASS WORK. The authority for the approval and payment of Out-of-Class compensation resides with the Detroit Personnel Department. The Personnel Department may require that a written, and/or other, test be given prior to authorizing Out-of-Class compensation.